UCC FINANCING STATEMENT CG886222600553 DiDocument2647 Fffdddrin TXSBDocr088/02/22 Plaggel 106111

FOLL	OW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) Acuity CxO LLC 5122929690							
B. E-MAIL CONTACT AT FILER (optional)							
C. CEND ACKNOW! EDOMENT TO: (Name and Address)				NIC NILIBAI	255 , 20 00590727	24	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Acuity CxO LLC				FILING NUMBER: 20-0058072731 FILING DATE: 11/18/2020 02:06 PM			
219 Black Wolf Run				DOCUMENT NUMBER: 1008390830002 FILED: Texas Secretary of State			
Austin, TX 78738 USA			IMAG	IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
	TOR'S NAME - Provide only one Debtor name (1a o	ALL CONTRACTOR CONTRAC					
4	's name will not fit in line 1b, leave all of item 1 blank	· · ·	-		* *		
1a. ORGANIZATION'S NAME Free Speech Systems LLC							
OR	1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME		*****************	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
				An ordered			
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
3005 South Lamar Blvd, Suite D109-317		Austin		TX	78704	USA	
1	TOR'S NAME - Provide only <u>one</u> Debtor name (2a o	or 2b) (use exact, full name; do not om	it, modify, c	or abbreviate a	any part of the Debtor's nam	e); if any part of the Individual	
Debtor UCC1	's name will not fit in line 2b, leave all of item 2 blank Ad)	s, check here and provide the Indivi	idual Debto	r information i	n item 10 of the Financing S	tatement Addendum (Form	
00017	2a. ORGANIZATION'S NAME						
OR	OL INDIVIDUALIS CUENAME	FIDOT DEDCOMAL MAME		ADDITIONA	L NIAME (CV/INUELAL (CV	OUEEN	
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
3. SEC	URED PARTY'S NAME (or NAME of ASSIGNEE of	ASSIGNOR SECURED PARTY) - Pro	ovide only o	ne Secured P	arty name (3a or 3b)	***************************************	
3a. ORGANIZATION'S NAME							
OR	PQPR Holdings Limited LLC 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
			300			2011100	
4	ILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
1	Congress Avenue, 18th Floor	Austin		TX	78701	JUSA	
(1) all accourapplic (wheth all oth intanged Exten-Pill, B. Force trade the particular and reforegoral surplications).		nd nature, including all t), documents (including, if missory notes, chattel paper er-of-credit rights writing), securities and icluding all payment ademarks (including but not leanse, Honor Roll, timate Female Force, The Real R en Block, Alpha Power, DNA I the brand Infowars Life), her contract rights or rights to d products of each of the s relating to the foregoing, cessions to, substitutions ts of, each of the ce, indemnity, warranty or th respect to any of the		heing admi	nistered by a Decedent's Pe	rsonal Representative	
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions 6a. Check only if applicable and check only one box:				6b. Check <u>only</u> if applicable and check <u>only</u> one box.			
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consigner Seller/Buyer Bailee/Bailor Licensee/Licensor						***************************************	
Service control and a service control	ERNATIVE DESIGNATION (if applicable): Les TONAL FILER REFERENCE DATA:	see/Lessor Consignee/Consigno	r I Selle	er/Buyer I	Bailee/Bailor Licensee/	Licensor	

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EXHIBIT